

State of Indiana Rx Benefit Comparison

Summary of Benefits for 2015

Deductibles and out-of-pocket maximums:

	Wellness CDHP		CDHP 1		CDHP 2		Traditional PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible								
Single	\$2,500		\$2,500		\$1,500		\$750	\$1,500
Family	\$5,000		\$5,000		\$3,000		\$1,500	\$3,000
Out-of-pocket maximum								
Single	\$4,000		\$4,000		\$3,000		\$3,000	\$6,000
Family	\$8,000		\$8,000		\$6,000		\$6,000	\$12,000

Copay/co-insurance after deductible is met and before out-of-pocket maximum is satisfied (applies to all four plans: Wellness CDHP, CDHP 1, CDHP 2, and Traditional PPO):

Prescription drugs	Wellness CDHP		CDHP 1		CDHP 2		Traditional PPO	
	Retail (30 day supply)	Mail (90 day supply)	Retail (30 day supply)	Mail (90 day supply)	Retail (30 day supply)	Mail (90 day supply)	Retail (30 day supply)	Mail (90 day supply)
Preventive (mandated by the ACA)	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible	\$0 no deductible
Generic	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$20 copay	\$40 copay
Brand, Formulary	20% Min \$30 Max \$50	20% Min \$60 Max \$100	20% Min \$30 Max \$50	20% Min \$60 Max \$100	20% Min \$30 Max \$50	20% Min \$60 Max \$100	30% Min \$40 Max \$60	30% Min \$80 Max \$120
Brand, Non-formulary	40% Min \$50 Max \$70	40% Min \$100 Max \$140	40% Min \$50 Max \$70	40% Min \$100 Max \$140	40% Min \$50 Max \$70	40% Min \$100 Max \$140	50% Min \$70 Max \$90	50% Min \$140 Max \$180
Specialty	40% Min \$75, max \$150 (30 day supply)		40% Min \$75, max \$150 (30 day supply)		40% Min \$75, max \$150 (30 day supply)		50% Min \$100, max \$175 (30 day supply)	

*For more information on the preventive drugs covered 100% by our plan, call Express Scripts at 1-877-841-5241.